

COMMAND MEDICAL REFERRAL FORM

This date, I have determined _____ is _____
pounds overweight and _____ percent excess body fat.

Measurements are:

Height	(inches)
Wrist size	(inches)
Weight	(pounds)
Percent Body Fat	%

In accordance with Chapter 2 of Weight/Physical Fitness Standards for Coast Guard Military Personnel, M1020.8 (series), I hereby refer this member to you to determine whether it is medically safe for him or her to lose the excess weight or body fat to comply with established standards.

(Commanding Officer's Signature)

Date

Medical Officer's statement and determination whether it is safe for the member to lose the excess weight to comply with established weight standards or, if not, why.

1. Is there an underlying medical condition for the member's excess weight?
If yes, please explain. Yes ____ No ____
2. Is it safe for the member to lose the excess weight to comply with established standards? If not, please explain. Yes ____ No ____
3. Has member been counseled on diet and exercise? Yes ____ No ____
4. Is there an underlying medical condition that would make fitness activities detrimental to his/her health? Yes ____ No ____
5. Is it safe for the member to participate in a monthly Fitness Assessment?
Yes ____ No ____

Signature & Title

Date